

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-002172

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Register's District No. 6473 Primary Registration District No. 5595 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rock Township</b>		c. CITY OR TOWN <b>Sedgwick</b>	
Length of stay in 1b <b>2 Days</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R. R. # Imperial</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Addie Buchanan</b>			4. DATE OF DEATH Month Day Year <b>Jan 16 1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 9 1890</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Labor</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Buchanan</b>		13b. MOTHER'S MAIDEN NAME <b>Callie Long</b>	
14. NAME OF HUSBAND OR WIFE <b>(Dec)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>E.P. Buchanan Imperial Mo R R 3</b>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>Coroner's View</b> and last saw her alive on <b>8:15 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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22a. SIGNATURE (Degree or title) <b>James C. Jones M.D. Coroner</b>		22b. ADDRESS <b>Feetno 7mo</b>		22c. DATE SIGNED <b>1-16-63</b>	
23a. BIRTH, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Jan 17 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Trinity cemetery</b>	
23d. LOCATION (City, town, or county) <b>Bono Arkansas</b>		24. FUNERAL DIRECTOR <b>Emerson &amp; Sons Jonesboro Ark.</b>		25. DATE RECD. BY LOCAL REG. <b>1-17-63</b>	
26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elmer Halbig

Licensed Embalmer No. 3571

P. O. Address Imperial MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.